CLAIMS ONLY

Application Number	Filing Date
10696718	

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4	cancel					
5						
6						
7						
8						
9	cancel					
10	cancel					
11						
12						
13						
14						
15						
16						
17						
18	cancel					
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48						
49						
50						
Total Indep	1					
Total Depend	5					
Total Claims	6					

	•		•		•	
	Indep	Depend	Indep	Depend	Indep	Depend
51						
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100						
Total Indep						
Total Depend						
Total Claims						